

## State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80. REPORT DUE BY April 1, 2006 ANNUAL REPORTS RECEIVED AFTER THE DUE DATE

WILL BE ASSESSED A LATE FEE.

Date Filed: 01/09/2006 Business ID: 381038 William M. Gardner Secretary of State

Filed

CAMPAGNA BUILDING & DEVELOPMENT, LLC

CA	MI AGNA BUILDING & DEVELOT MENT, LEC	ADDRESS OF PRINCIPAL OFFICE:
2 A	LLEN LANE	2 ALLEN LANE
HA	NOVER, NH 03755	
	ENTITY TYPE: LLC	HANOVER, NH 03755
		REGISTERED AGENT AND OFFICE:
	BUSINESS ID: 381038	——————————————————————————————————————
	STATE OF DOMICILE: NEW HAMPSHIRE	PAUL F. CAMPAGNA
	FEDERAL ID: 020527975	2 ALLEN LANE
	LAND DEVELOPMENT AND HOME BUILDING	HANOVER, NH 03755
	If changing the mailing or principal office address, please c	check the appropriate box and fill in the necessary information.
2	The new mailing address	·
4	The new principal office address	
		is acceptable.
		•
	MANAGERS  NAME AND DUGDIESS ADDRESS (B.O. DOY ACCEPTABLE)	MEMBERS  NAME AND DISCUSSES ADDRESS (D.O. DOX ACCEPTADIE)
	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT  A	NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS  B
	MANA. PAUL F CAMPAGNA	NAME
	STREET 2 ALLEN LN	STREET
	CITY/STATE/ZIP HANOVER NH 03755	CITY/STATE/ZIP
	NAME	NAME
•	STREET	STREET
3	CITY/STATE/ZIP	CITY/STATE/ZIP
	NAME	NAME
	STREET	STREET
	CITY/STATE/ZIP	CITY/STATE/ZIP
	NAME	NAME
	STREET	STREET
	CITY/STATE/ZIP  NAMES AND ADDRESSES OF ADDITIONAL	CITY/STATE/ZIP  MANAGERS/MEMBERS ARE ATTACHED
	TABLES THE TENENCE OF THE STREET	JAMEN TO LIKE JAMEN THE
		manager, must be signed by a member.
	I, the undersigned do hereby Certify that the statements on this i	report are true to the best of my information, knowledge and belief.
4		
	Sign here: PAUL F CAMPAGNA	
	Please print name and title of signer: PAUL F CAMPAGNA	/ MANAGER
	NAME	TITLE
	FEE DUE: \$100.00 E-MAIL ADDRESS	SS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE RETURN COMPLETED REPORT AND PAYMENT TO: